

TN0078387



DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER POLLUTION CONTROL
NOTICE OF INTENT (NOI)
WATER TREATMENT PLANT NPDES GENERAL PERMIT

Facility Name: <u>Town of Centerville Water Treatment</u>		County: <u>Mickman</u>	
Street Address or Location: <u>769 Hwy 50 East Centerville TN 37033</u>		Latitude:	
		Longitude:	
<p>▪ All entries must be in ink. ▪ Attach a copy of U.S.G.S. topographical map, a city map, or a county map, identifying the location of this facility. ▪ This NOI must be signed by a responsible corporate officer for a corporation, a general partner for a partnership, the proprietor for a sole proprietorship, or a principal executive officer or ranking elected official for a public agency. ▪ If this NOI is submitted because of new operator or to update facility information (such as name of facility, new official contact person name, new E-mail address, etc.), provide the existing permit tracking number: _____</p>			
Owner or Operator: (the person or legal entity which controls facility's operation; this may or may not be the same as the site name or the official contact name)			
1	Official Contact Person Name: (individual responsible for a facility)	Title or Position: <u>Water Plant Certified Operator (Superintendent)</u>	
	Mailing Address: <u>769 Hwy 50 East</u>	City: <u>Centerville</u>	State: <u>TN</u> Zip: <u>37033</u>
	Phone: <u>(931) 729-3543</u>	E-mail: <u>W.Carroll@CentervilleTN.org</u>	
2	Local Contact Person Name: (if appropriate, write "same as #1")	Title or Position:	
	Facility Address: (this may or may not be the same as street address)	Facility City:	State: <u>TN</u> Zip:
	Phone: ()	E-mail:	

Write in the box (to the right) or circle the number (above) to indicate where to send correspondence:

PROCESS DESCRIPTION (Reply on a separate page, if necessary)

Name of surface waters receiving the discharge (and the mileage point, if available).
<u>Swan Creek</u>
A description of the source of the raw water; if surface water is used, include the distance the plant is located from the intake point; if the source is groundwater, include the number and depth of wells.
<u>Swan Creek 1 mile</u>
A description of the plant, i.e. iron removal, manganese and/or turbidity removal, and a list of any additives used in the water treatment process, such as coagulant, oxidizing enhancers, etc.
<u>turbidity removal PAC/caustic/bleach/flouride</u>
Design capacity of treatment plant in million of gallons per day (MGD): _____ Number and volume of sedimentation basins: _____
Average flow of finished water production in MGD over 12 months prior to submission of the NOI:
Filter backwashing. Number of filters backwashed: <u>4</u> Frequency for each filter: <u>2</u> times per week. Amount of water used to backwash: <u>10,000</u> for each filter. Frequency sedimentation basin is washed out: <u>1</u> times per year. Amount of water used to wash out the largest sedimentation basin: <u>265,000</u> gallons. Describe type of treatment provided for backwash and sedimentation basin washwaters and the design capacity of the treatment system.
Water is released from the backwash settling basin <u>3</u> times per week for <u>4</u> hours per release and a volume of <u>50,000</u> gallons per release. For existing facility, give averages from last 12 months of operation. For new facilities, indicate "not available." Describe more fully, if necessary.
A description of how sludge from the settling processes are disposed, for example, landfill, land applied, etc.
<u>Hauled by Tanker</u>

CERTIFICATION AND SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
<u>Wayne Carroll</u>	<u>Water Plant Superintendent</u>	<u>Wayne Carroll</u>	<u>7-7-2013</u>
Printed Name	Official Title	Signature	Date

STATE USE ONLY

Received Date	Domestic Water Supply Use	Protective for Lead Conc.	Tracking No.	EAC
Impaired Receiving Stream	High Quality Water	T & E Aquatic Fauna	NOC Date	Reviewer

RECEIVED

JUL 23 2013

CN-1225

TN Division of Water Pollution Control

Submit the original completed and signed form to:

WTP NOI
Division of Water Pollution Control
6th Floor L&C Annex, 401 Church Street
Nashville, TN 37243-1534

RDAs 2399 and 2400